

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	RSP		1/27/01
FORMALITY REVIEW	MM	SC 569	02/03/01
RESPONSE FORMALITY REVIEW	MM	780	4-30-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 □ Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	9-20-00
2	✓	✓	9-20-00
3	✓	✓	9-20-00
4	✓	✓	9-20-00
5	✓	✓	9-20-00
6	✓	✓	9-20-00
7	✓	✓	9-20-00
8	✓	✓	9-20-00
9	✓	✓	9-20-00
10	✓	✓	9-20-00
11	✓	✓	9-20-00
12	✓	✓	9-20-00
13	✓	✓	9-20-00
14	✓	✓	9-20-00
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25	✓	✓	9-20-00
26	✓	✓	9-20-00
27	✓	✓	9-20-00
28	✓	✓	9-20-00
29	✓	✓	9-20-00
30	✓	✓	9-20-00
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32	✓	✓	9-20-00
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48	✓	✓	9-20-00
49	✓	✓	9-20-00
50	✓	✓	9-20-00

Claim	Final	Original	Date
51	✓	✓	9-20-00
52	✓	✓	9-20-00
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98	✓	✓	9-20-00
99	✓	✓	9-20-00
100	✓	✓	9-20-00

Claim	Final	Original	Date
101	✓	✓	9-20-00
102	✓	✓	9-20-00
103	✓	✓	9-20-00
104	✓	✓	9-20-00
105	✓	✓	9-20-00
106	✓	✓	9-20-00
107	✓	✓	9-20-00
108	✓	✓	9-20-00
109	✓	✓	9-20-00
110	✓	✓	9-20-00
111	✓	✓	9-20-00
112	✓	✓	9-20-00
113	✓	✓	9-20-00
114	✓	✓	9-20-00
115	✓	✓	9-20-00
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147	✓	✓	9-20-00
148	✓	✓	9-20-00
149	✓	✓	9-20-00
150	✓	✓	9-20-00

TEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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